

PROCEDURE REFERENCE : FmHA Instruction 1951-K
PURPOSE : Notification to employees they are certified to process
payments on-line in AMAS

UNITED STATES DEPARTMENT OF AGRICULTURE
FARMERS HOME ADMINISTRATION
(Location)

SUBJECT: On-Line Payment Certification
for (employee name)

TO: (District Director Name)
District Director
District (Number)
Location

(Employee Name) has passed the required examination and is hereby certified to process payments on-line in the Automated Multi-Housing Accounting System (AMAS). This certification carries with it the responsibility to follow the payment processing procedures required in FmHA Instructions 1951-B and 1951-K.

The enclosed certification is presented for demonstrating the knowledge and ability to process payments.

Payment processing will be monitored and certification may be withdrawn for the following reasons:

1. Block(s) has remained out-of-balance for five working days and the condition is due to employee error.
2. The effective date of the payment and the call date differ by more than three days and there is not sufficient justification.

Should the employee experience any problem or need assistance, please contact the AMAS Coordinator in the State Office.

STATE DIRECTOR

Enclosure

cc:

(Employee Name)
ADP Coordinator

NOTE TO ADP COORDINATOR: You are instructed to contact the Security Office to have AMAS Payment Process (ADP) authority added to the employee's ID.

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